Make Check Payable To: CITY OF LINCOLN City Fax Number = 441-6576

Public Works Dept. 531 Westgate Blvd., Suite 100 Lincoln, NE 68528 Phone No. (402) 441-7711

CITY OF LINCOLN, NEBRASKA PUBLIC WORKS DEPARTMENT APPLICATION FOR SPECIAL TRIP PERMIT

Fee Schedule Single Trip =\$10.00 Monthly =\$10.00 Seasonal Harvest 1 month = \$25.00 Semi-Annual = \$50.00

Application is hereby made for a special trip permit to cover the movement of the following described vehicle or combination of vehicles,

						Method of Send	_	
Single Trip Permit (Allows more than one axle group overweight)					Fax (allow 24 Hr; money must be in account)			
Monthly	Permit (A	llows only d	ne axle group over	weight)		Mail (allow 3 days; mor	ney must be in account)	
me of vehicle	e owner				Address			
me of Conta	ct Persoi	າ		Phone	#	Fax #		
TRUCK MAKE YEAR		YEAR	LICENSE NO.	STATE	TRAILER	LICENSE	NO. STATE	
ad Owned I	DV			_ of				
						Ft. Length		
				_	Frailer Lbs. Grossweight			
						<u> </u>		
NUMBER	1	2	3 4	5	6 7	8	9 10 1	
eight On ach Axle								
Axle Spacing (FT INCHES)		<u>'</u> "		<u>'</u> "	// // // // // // // // // // // // //	/ // // // // // // // // // // // // /	<u>'</u>	
: If vehicle is no	ot overweig	ht, ignore ax	le spacings.	,				
Move will beg	gin on (MI	WDDYY)		and be	e completed by (M	M/DDYY)		
Note: Route r	ot specifie	d for monthly	permit.					
Street		From	То	То	То	То	То	
			>	>	▶		>	
					>			

Date:

Applicants Signature_____

ODPERMIT.DGN